

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1906 Aug</u> <small>Month</small>		<u>25</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>Bel Air</u>				
<u>—</u> <small>Married, Single or Widowed</small>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Harriet W Bond</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Jane Bond</u>		How related to deceased <u>Grand Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malnutrition</u>	<u>51</u>	How long <u>Several weeks -</u>
Immediate <u>Exhaustion</u>		How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. F. Hunt Gibbs</u>	Address <u>1311 Air, Md.</u>
Accident or Suicide? <u>No</u>		

Hudson Hills

Name in Full		Charles Britton				CERTIFICATE OF DEATH							
TO BE ANSWERED BY • NEAREST FRIEND		Died at		Bel Air		County		Harford		MARYLAND			
		Date of death		1906	Month	Aug	Day	2	Age	61	Years	Months	Days
		Sex		Male		Color or Race		Black		Birth-place		Ind.	
		Occupation		Laborer		Where Residing if not at place of death		Bel Air					
		Married, Single or Widowed		Married		Name of Wife or Husband		Louisa Britton					
		Father's Name							Father's Birthplace				
		Mother's Maiden Name							Mother's Birthplace				
		Name of person giving information							How related to deceased				
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Apoplexy -				(64)		How long			
		Immediate		Cerebral Hemorrhage						How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes				Signature Physician		A. F. Vant Gibbs, M.D.			
								Address		Bel Air			
		Accident or Suicide?		No -						Md			

Tabernacla

Name
in
Full

CERTIFICATE OF DEATH

Alfred Douglas Chase

Town

County

Died at Richardsville

Hayward

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1906

Aug

5

5

5

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William Chase

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Denison

Mother's
Birthplace

11

Name of person giving
In formation

William Chase

How related
to deceased

Father

CAUSES OF DEATH

Primary

Leukemia

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

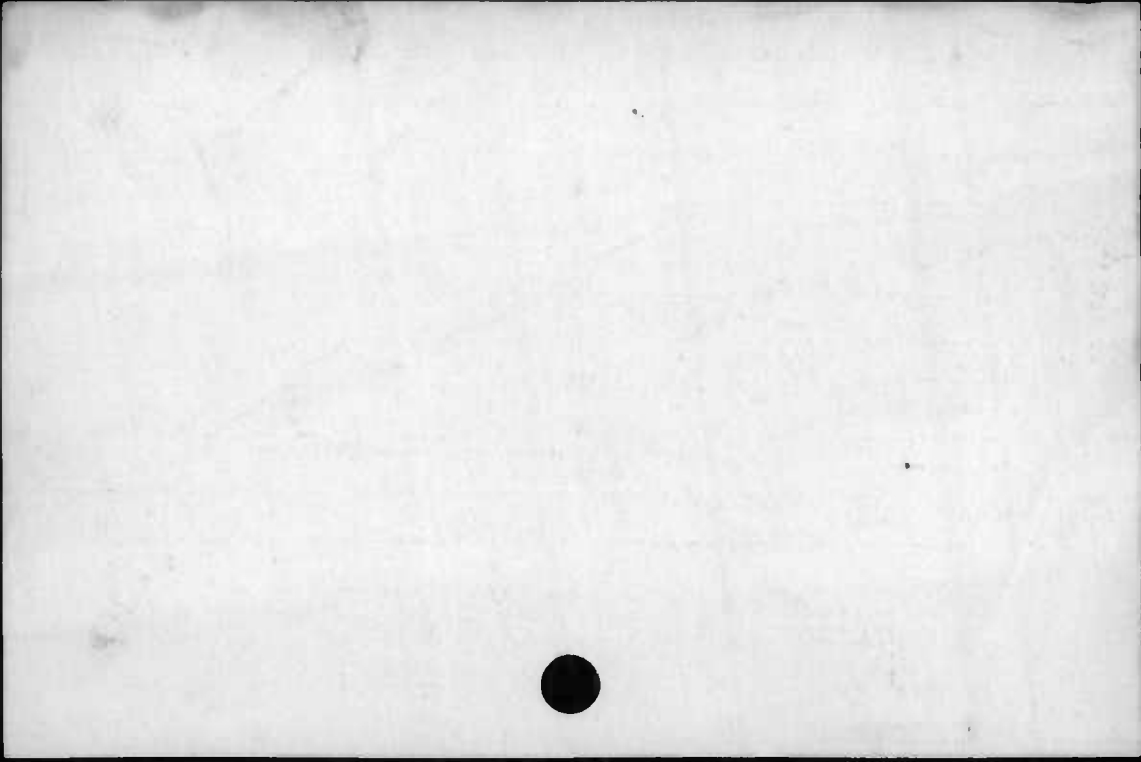
J. H. Otis
Perryman

7/11

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Nathaniel W. Goleman				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Deer Creek	County Harford	MARYLAND			
		Date of death		1906	Month Aug.	Day 21 st	Years 56	Months 4	Days 18
		Sex		Male		Color or Race		White	
		Occupation		R. R. Clerk		Birth- place		Abescon N. J.	
						Where Residing if not at place of death			
		Married, Single or Widowed		Widowed		Name of Wife or Husband			
		Father's Name		Thomas K. Goleman		Father's Birthplace		Springfield	
		Mother's Maiden Name		Mary E. Doty		Mother's Birthplace		Abescon N. J.	
		Name of person giving In formation		Lebas. Brown		How related to deceased		Brother in law	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Accident or Suicide?		Address	
	Apoplexy		(4)	
	Yes		J. H. Tobias	
			Castleton, Md.	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hayford Furnace</i>		Town <i>Hayford</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>8</i>	Day <i>1</i>	Age <i>69</i>	Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <i>Harriett</i>			<i>Hawes</i>			
Father's Name <i>Isaac</i>	<i>Hawes</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elizabeth</i>	<i>Hawes</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Harriett</i>	<i>Hawes</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary <i>Chronic Nephritis</i>	How long <i>3 years</i>
<i>acute</i> Immediate <i>Prostatitis</i>	How long <i>3 day</i>

Are the name, age, sex, color, date and place correctly given above?

yes

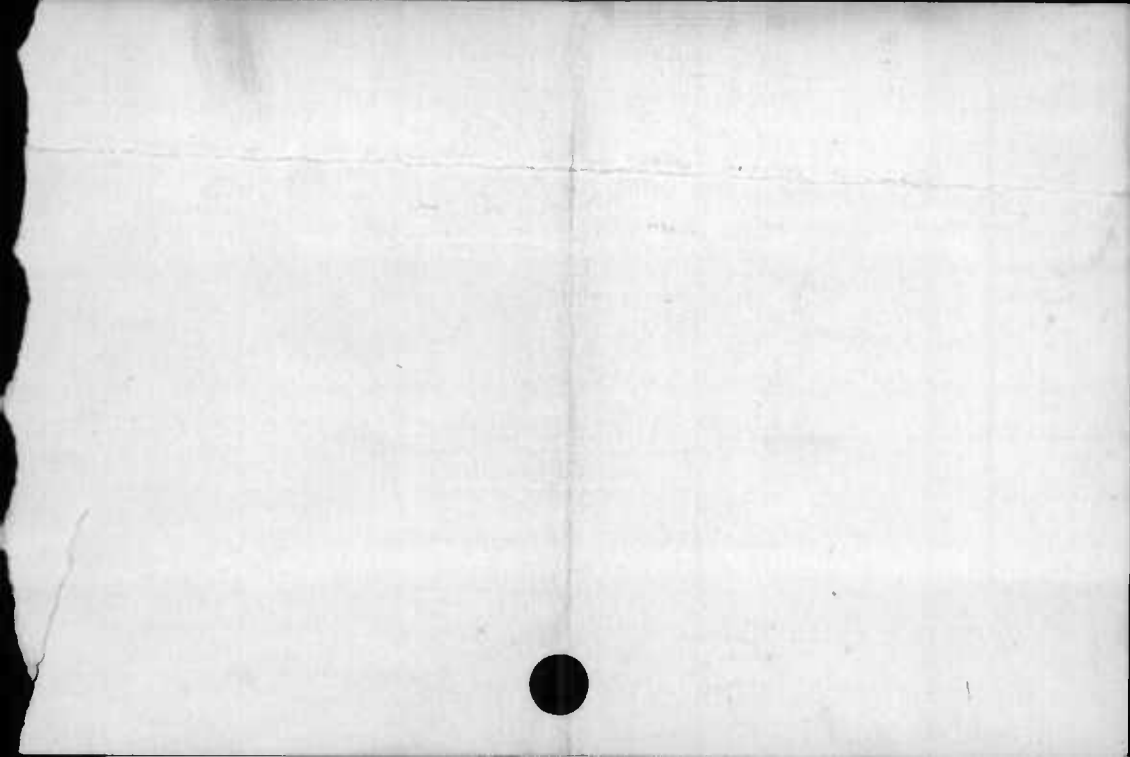
Signature of Physician

J A Callahan

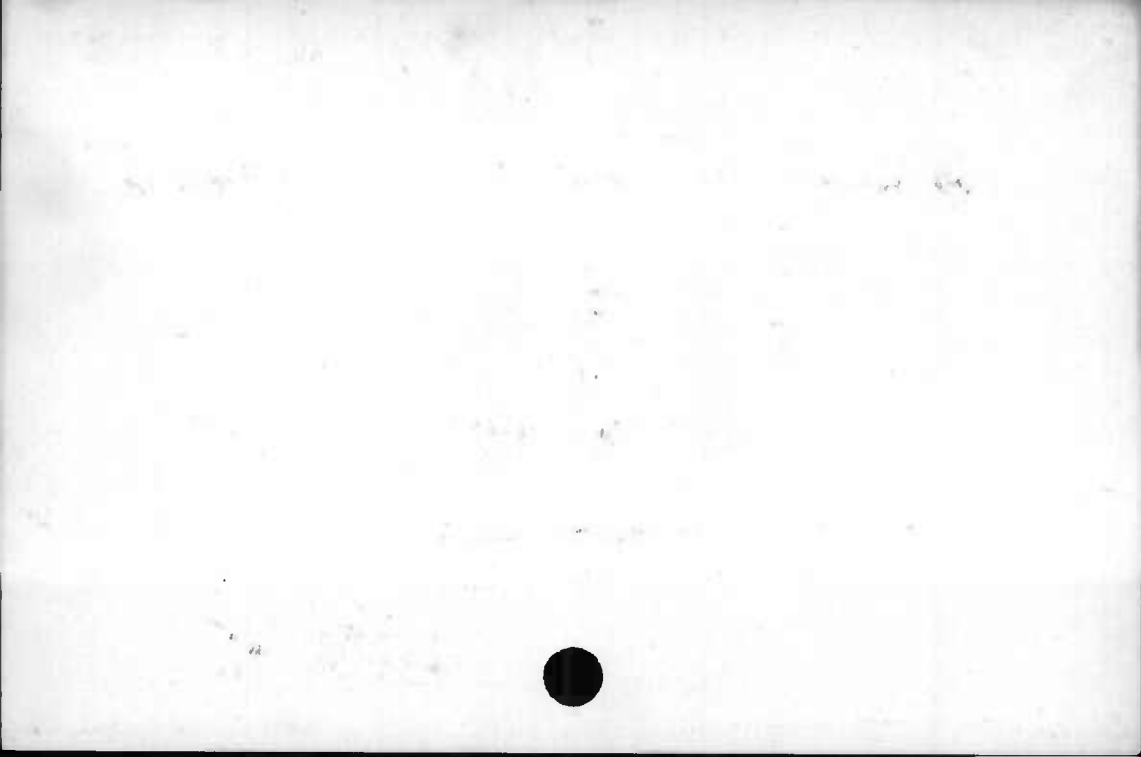
Address

*Crawell
Ma*

Accident or Suicide?



Name in Full		Jickman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bel Air		Harford		MARYLAND
	Date of death	1906	Month	8	Day	24	Age
					Years	—	Months
					Days	—	
	Sex	Male		Color or Race	White		Birthplace
					Bel Air, Md		
	Occupation	—		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joseph Jickman				Father's Birthplace	
Mother's Maiden Name		James				Mother's Birthplace	
Name of person giving information		Joseph Jickman				How related to deceased	
		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born				How long
							How long
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					F. P. Smithson		
				Address			Forest Hill, Md
				Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

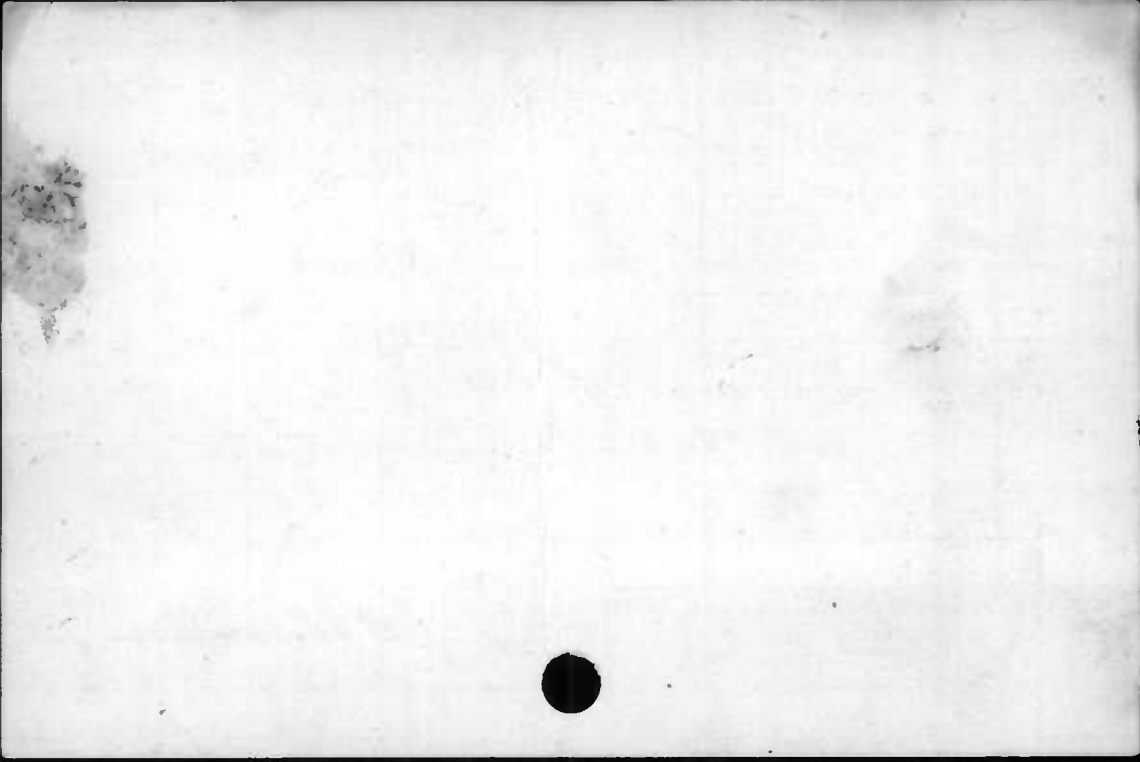
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clermont Mills</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>8th</i>	Day <i>30th</i>	Age <i>1 year</i>	Months <i>10 months</i>	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Clermont Mills</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Amos Devoe</i>			Father's Birthplace <i>Harford</i>				
Mother's Maiden Name <i>Whiteford</i>			Mother's Birthplace <i>Harford</i>				
Name of person giving information <i>Grandfather</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>6 weeks</i>
Immediate	<i>convulsions</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos B. Hayward</i>	
		Address <i>Pylesville</i>	
Accident or Suicide? <input type="checkbox"/>			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>aberdien</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>8</i>	Age <i>1</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>aberdien</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Arch Fletcher</i>		Father's Birthplace			
Mother's Maiden Name <i>Elma Mc Kensey</i>		Mother's Birthplace			
Name of person giving information <i>Julie Fletcher</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long
Immediate <i>Complications</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Kennedy</i>
	Address <i>Abdenu Md</i>
Accident or Suicide?	



Name
in
Full

Margarete Franklin

CERTIFICATE OF DEATH

Died at ^{Town} Abingdon^{County} Harford

MARYLAND

Date of death 1906 ^{Month} August ^{Day} 16 ^{Age} 75 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} IndOccupation ^{Where Residing if not at place of death} Abingdon~~Married~~ Single
~~or Widowed~~Name of Wife or
Husband

Father's Name Not Known

Father's
Birthplace

Mother's Maiden Name w. Robinson

Mother's
BirthplaceName of person giving
In formation Frank JonesHow related
to deceased Aunt

CAUSES OF DEATH

Primary

Dysentery

How long 2 weeks

Immediate

Hemorrhage

How long 60 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

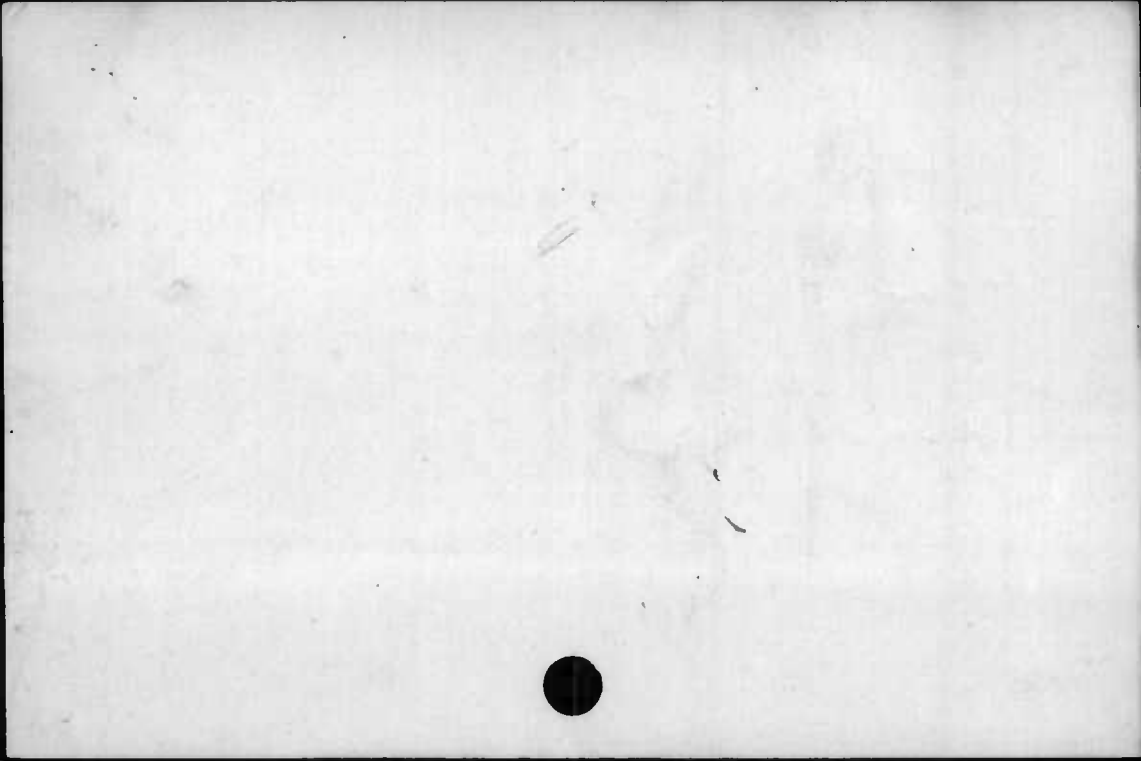
R. Oppermann

Address

Abingdon.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Machin</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1906	Month	Aug	Day	25	Age	84
Sex	Female	Color or Race	White	Birth-place	Harford		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>John F. Galbreath</i>					
Father's Name <i>Jos. M. Wiley</i>		Father's Birthplace <i>York Co., Pa.</i>					
Mother's Maiden Name <i>Ellen J. Rogers</i>		Mother's Birthplace <i>Lancaster Co. "</i>					
Name of person giving information <i>Jos. W. Galbreath</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

How long

How long

(154) Slight

Immediate

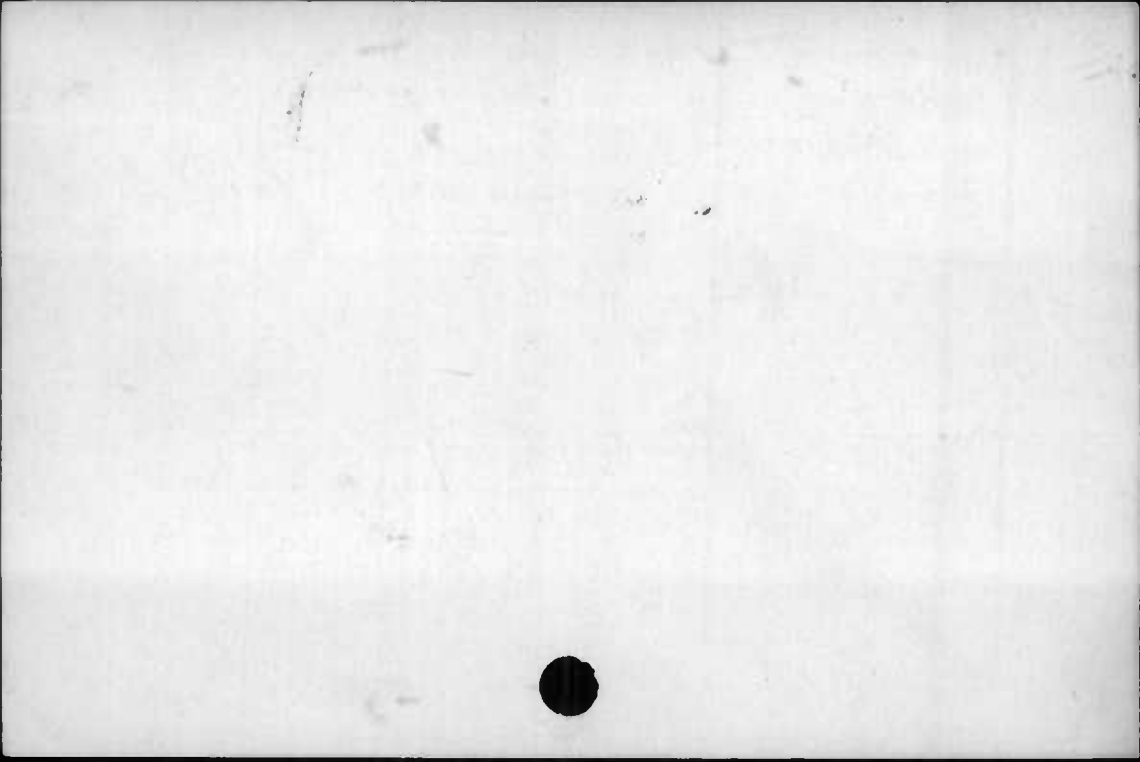
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*D. W. C. Arthur
Bardonia Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>T. Bel Air</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Date of birth <i>1906</i>		Month <i>Aug.</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>T. Bel Air, Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Isaac Gough</i>		Father's Birthplace <i>Harford Co. Md.</i>					
Mother's Maiden Name <i>Seretha James</i>		Mother's Birthplace <i>Harford Co. Md.</i>					
Name of person giving information <i>Isaac Gough</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>A. F. Van Bibber</i>	
Address		<i>T. Bel Air Md.</i>	
Accident or Suicide?		<i>No</i>	

Hendon Vinea

Name
in
Full

Gruzzynski

CERTIFICATE OF DEATH

MARYLAND

Died at *Aldino* ^{Town}

County

Date
of death *1906*

Month

Sept.

Day

21st

Age

Years

Months

Days

21

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Michael Gruzzynski*Father's
Birthplace*Poland*Mother's
Maiden Name*Victoria*Mother's
Birthplace*Poland*Name of person giving
Information*Michael*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

Heart Disease

How long

*one week*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Bailey & Baldwin
Henry M. Earl S.R.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Harriet B. Harkins		Town		Chestnut Hill		County		Harford		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
Sex		Female		Color or Race		White		Birth- place		Ind.					
Occupation		Housewife		Where Residing if not at place of death		Chestnut Hill									
Married, Single or Widowed		Name of Wife or Husband		W. F. Harkins											
Father's Name		John Ward		Father's Birthplace		Ind.									
Mother's Maiden Name		Hannah Harkins		Mother's Birthplace		Ind.									
Name of person giving in formation		Syvilla Harkins		How related to deceased		Daughter									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Cancer of liver		How long		40	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address		William S. Archer Bel Air Md	
Accident or Suicide?							

Dear Cook

Name
in
Full

Ruith Drwin

CERTIFICATE OF DEATH

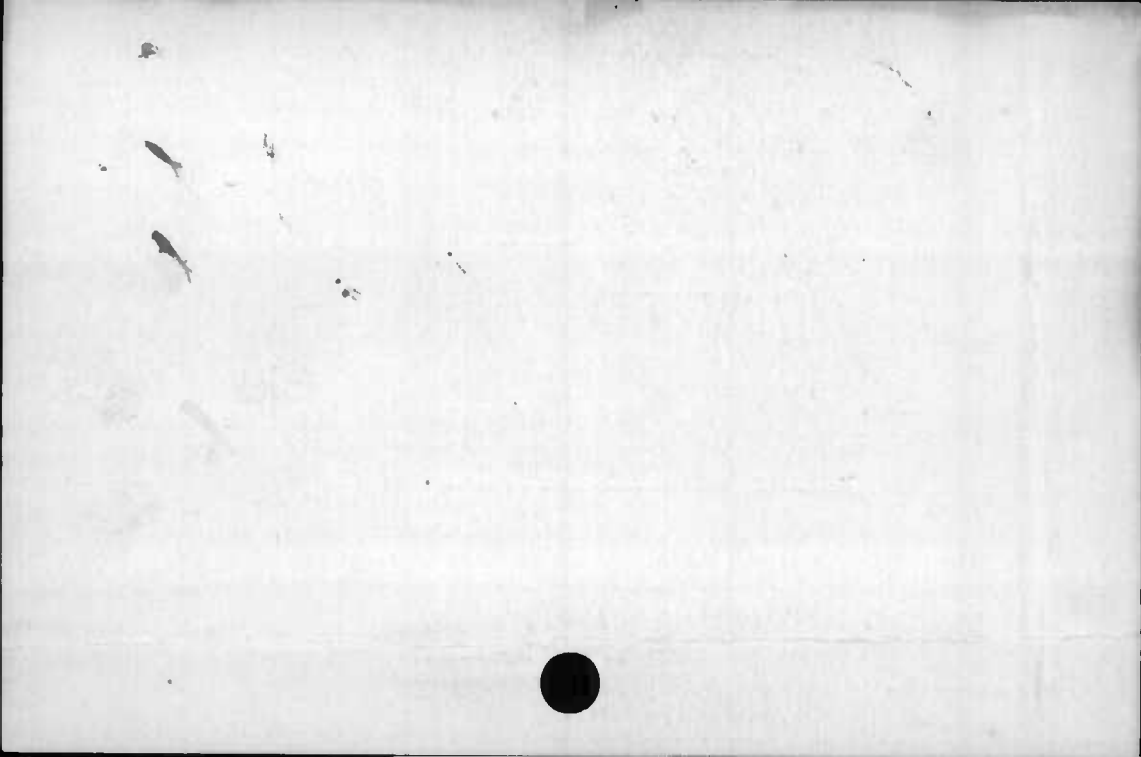
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Falleston		County Worford		MARYLAND	
Date of death		Month 6 Aug	Day 14	Age Years		Months One	Days 21
Sex Female		Color or Race White		Birth-place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name J. R. Drwin				Father's Birthplace Md.			
Mother's Maiden Name Celia Cochran				Mother's Birthplace Md.			
Name of person giving information J. R. Drwin				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	36 hours.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. H. Davis	
		Address Pleasantville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

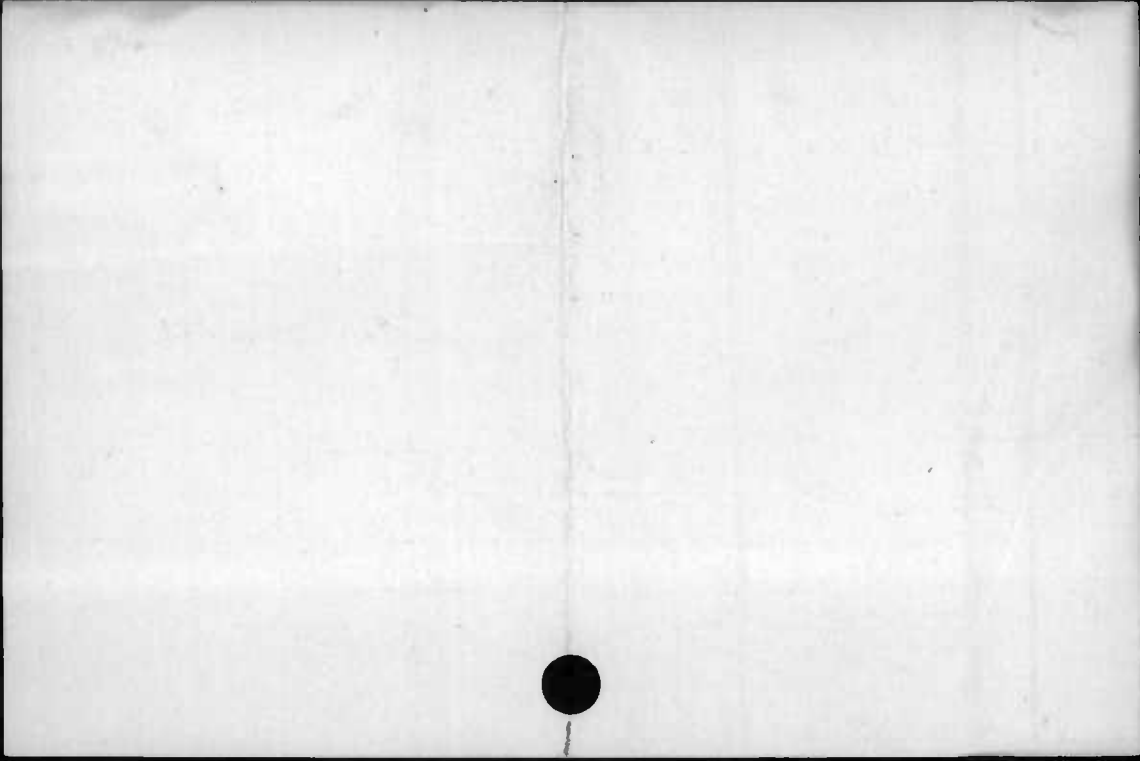
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay View</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	8	Day	29
Age		70	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Blk</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Pastry Cook</i>		Where Residing if not at place of death <i>Chesland</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Joseph Johnstone</i>		
Father's Name	<i>Edward Welsh</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Violet Kell</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Williamma Joyner</i>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Regurgitation of the heart</i>	How long
Immediate	<i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. H. Johnson M.D.</i>
		Address <i>Perryman Harford Co Md.</i>
Accident or Suicide?		



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Erma Jones</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Cardiff</i>		Month <i>8</i>		Day <i>22</i>	
Date of death <i>1906</i>		Age <i>4</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Emory Jones</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Addie Carr</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Addie Jones</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Enteritis</i>	How long <i>6m week</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. E. Arthur</i>
	Address <i>Cardiff Ind</i>
Accident or Suicide?	

Aug 24
Slate Ridge

Name
in
Full

Ollive E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cardiff ^{Town} Hofford ^{County} MARYLAND

Date of death 1906 ^{Month} 8 ^{Day} 26 ^{Age} 1 ^{Years} 3 ^{Months} 17 ^{Days}

Sex Female Color or Race White Birth-place md.

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~Name of Wife or
Husband _____Father's
NameHugh W. JonesFather's
BirthplacePa.Mother's
Maiden NameEva. WatsonMother's
BirthplaceEng.Name of person giving
InformationHugh W. JonesHow related
to deceasedFather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

(179)

Immediate

How long

Three monthsAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

D. H. E. - Arthur
Cardiff md.

Accident or Suicide?

Aug 28-
Slate Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Kell</i>		County <i>Hampden</i>		MARYLAND	
Died at <i>Bil Air</i>		Town <i>Bil Air</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	Aug	Day	18
Age	66	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Ind.
Occupation	Laborer		Where Residing If not at place of death <i>Bil Air</i>		
Married Single	Name of Wife or Husband				
Father's Name	<i>Bazil Kell</i>		Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Marina Bond</i>		Mother's Birthplace	<i>Ind.</i>	
Name of person giving information	<i>Bond Kell</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Freedom Hills

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age		Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Y. E. S.		Address	
Accident or Suicide?			

Admury

Name
in
Full

CERTIFICATE OF DEATH

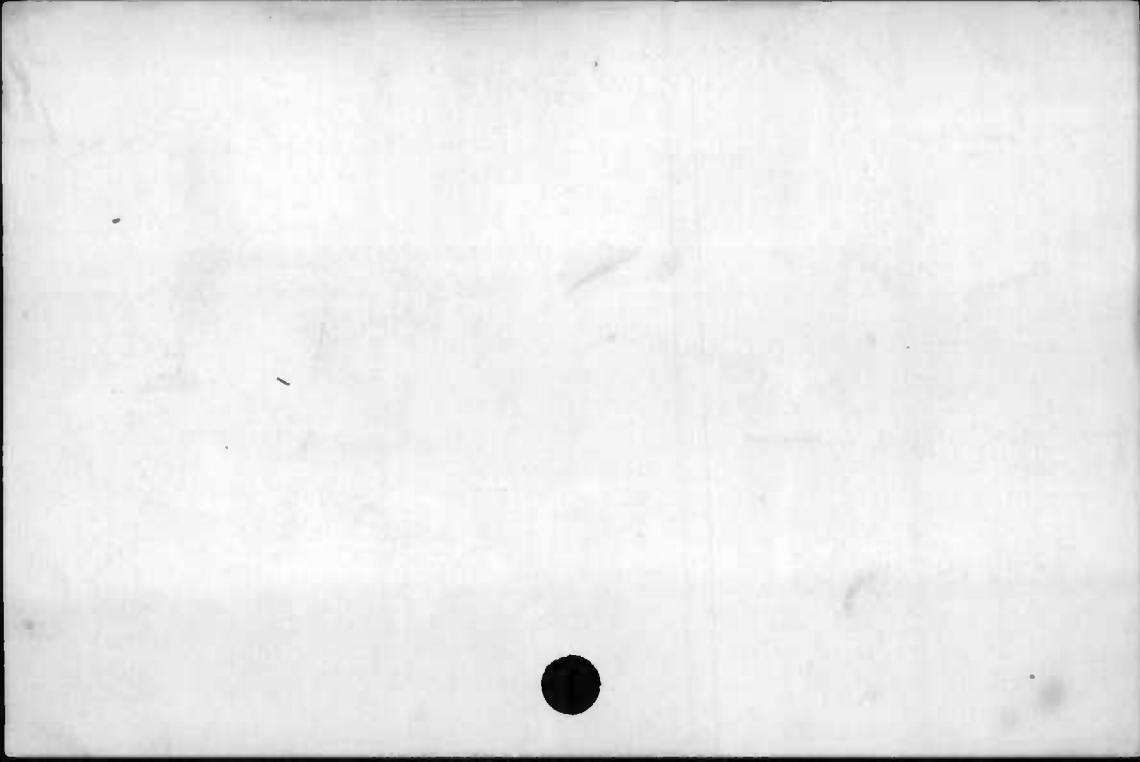
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	3	78			
Sex	Female		Color or Race	White		Birth-place	Ireland
Occupation				Where Residing if not at place of death			
			Sharon				
Married, Single or Widowed	Married		Name of Wife or Husband				
			Martin Kelly				
Father's Name	James Dinan					Father's Birthplace	Ireland
Mother's Maiden Name	Susan Graham					Mother's Birthplace	
Name of person giving information	Mary E. Cagness					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart		How long	2 years
Immediate	Heart Failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	M. J. Garrett
			Address	Garrettsville
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Rebecca Levering*

Town *Fallston* County *Heard* MARYLAND

Died at *Fallston*

Date of death *1906* Month *Aug* Day *18* Age *51* Years Months *4* Days *6*

Sex *Female* Color or Race *White* Birth-place *Baltimore Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jesse Levering* Father's Birthplace *Balto Md*

Mother's Maiden Name *Sarah Brown* Mother's Birthplace *Balto Md*

Name of person giving information *Clarence Leitz* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

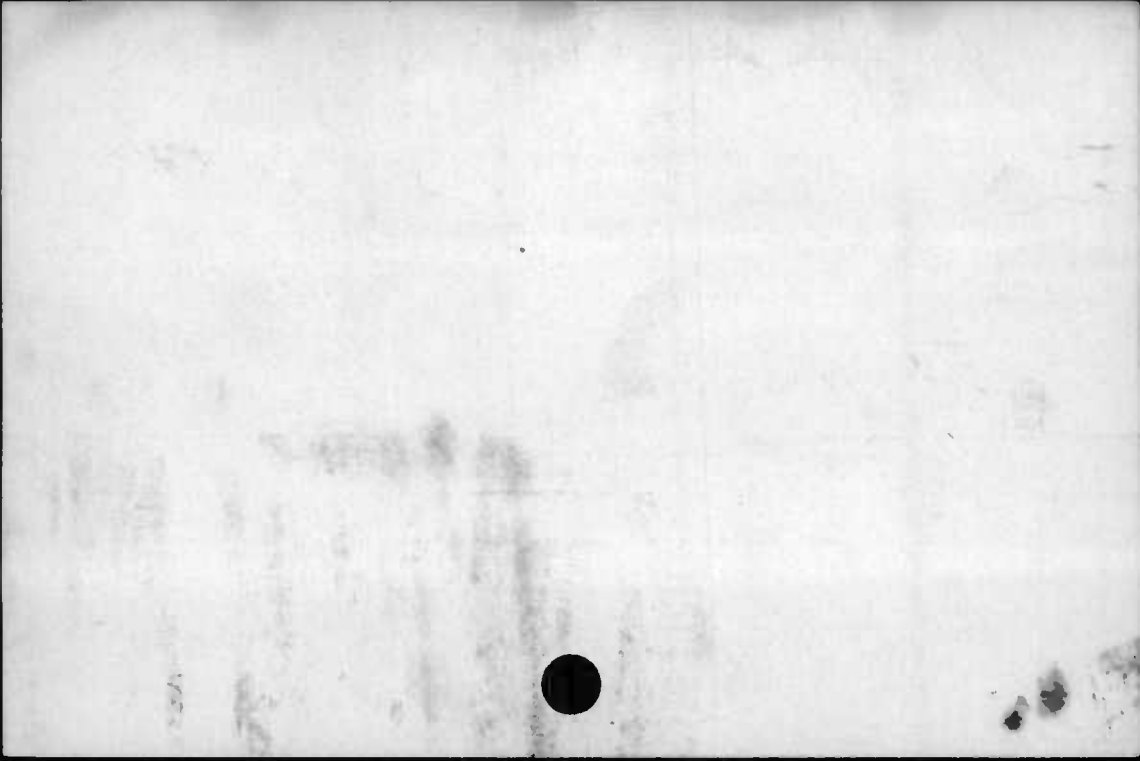
Primary *Coronary Disease from atherosclerosis* How long *about 1 year*

Immediate *Coronary Failure* How long *Today*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. H. Keyser M.D.* Address *Franklin Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Leona S. Lloyd.* County *Hartford.* MARYLAND

Died at *Whitford* Town *Whitford*

Date of death *1906* Month *8* Day *4* Age *5* Years *11* Months *5* Days *11*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Benj. Lloyd.* Father's Birthplace _____

Mother's Maiden Name *Sallie Taylor* Mother's Birthplace _____

Name of person giving information *Sallie Lloyd.* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Cholera infantum* How long *1 week*

Immediate

Are the name, age, sex, color, date and place correctly given above?

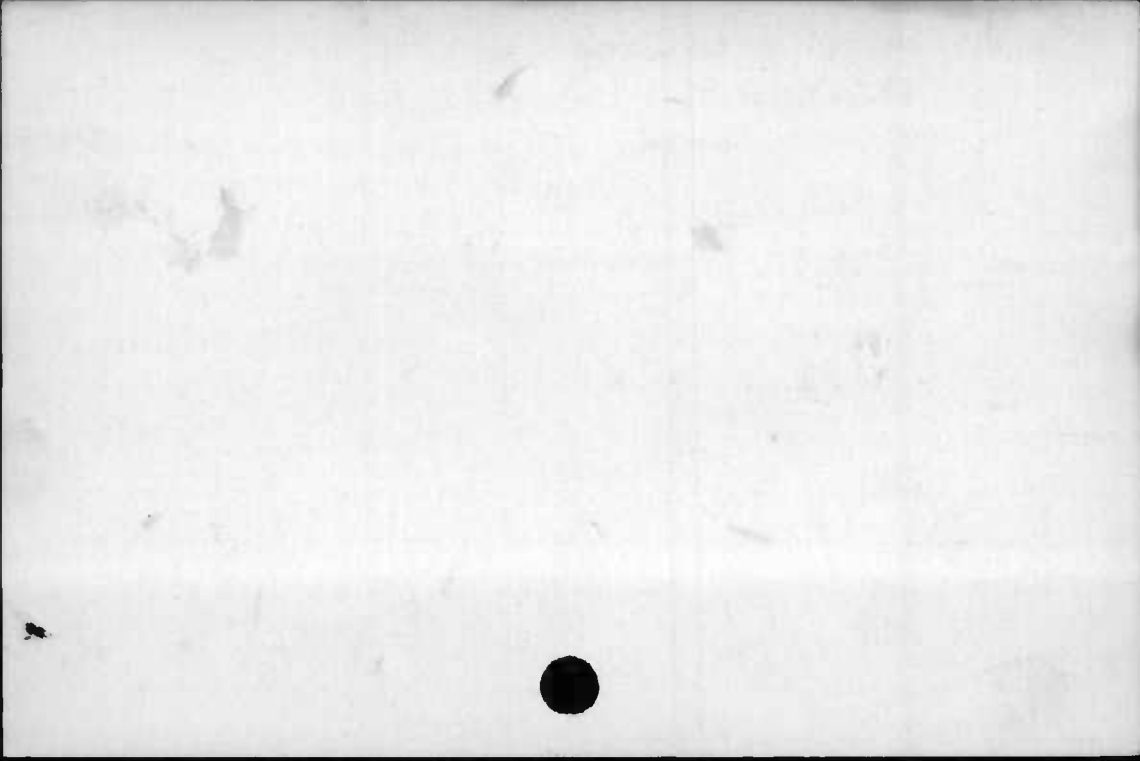
Yes

Signature of Physician

Address

105
R. Warren Ramsey
Delta Pa

Accident or Suicide?



Name
in
Full

Agnes M. Therson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>30</i>	Age <i>67</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Glasgow Scotland</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Baltimore, Md</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Durham M. Therson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma stomach & liver</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Kennedy</i>
	Address <i>Aberdeen Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Whitford* ^{Town} *Norford* ^{County}
 Date of death *1906* ^{Month} *8* ^{Day} *3* ^{Age} *9* ^{Years} *9* ^{Months} *—* ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Ind.*
 Occupation *—* Where Residing if not at place of death *—*

☒ Married, Single
☐ or Widowed

Name of Wife or
 Husband *—*

Father's Name *Walter Norris*

Father's
 Birthplace

Mother's Maiden Name *Mattie Hosman*

Mother's
 Birthplace

Name of person giving
 In formation *W. Norris*

How related
 to deceased

Grand Father

CAUSES OF DEATH

Primary *Phthisis*

How long

Immediate *—*

How long

Are the name, age, sex, color, date
 and place correctly given above? *Yes*

Signature of
 Physician *D. W. E. Atkinson*

Address

Barcliff Ind.

Accident or Suicide?

PHYSICIAN
 OR CORONER

Slate Ridge
Aug. 5/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Suzanna Morris</i>		Town <i>Cambria</i>		County <i>Hairford.</i>		MARYLAND	
Died at		Month <i>8.</i>		Day <i>20</i>		Age <i>78</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female.</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Joseph Morris</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Outlets</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Warren Ramsay</i>	
<i>Yes</i>		Address <i>Delta Pa</i>	
Accident or Suicide?			

Slote Ridge

Aug. 22-06

Name
in
Full

Perry Bailey Bees

CERTIFICATE OF DEATH

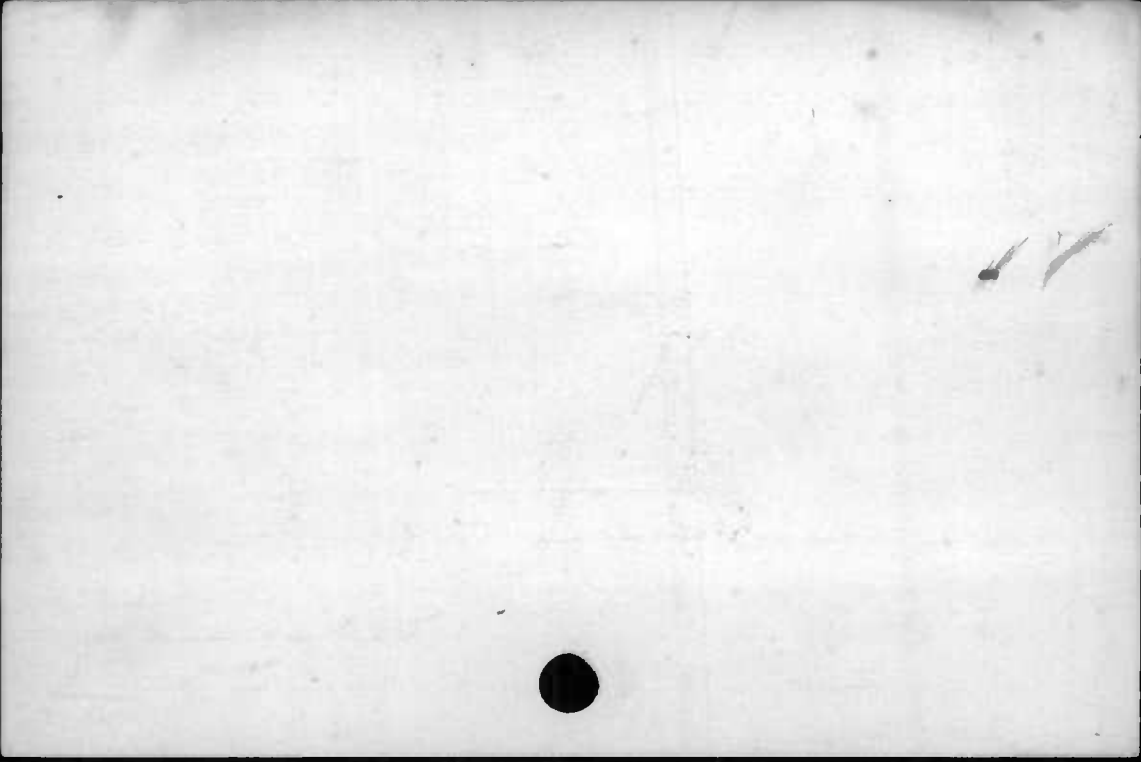
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i>		Town <i>Cardiff</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	Aug	Day	3	Age	7
				Years		Months	20
Sex	male		Color or Race		white		Birth-place
Occupation				Where Residing if not at place of death		<i>Cardiff</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Richard Bees</i>				Father's Birthplace	
Mother's Maiden Name		<i>Adela Bailey</i>				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric Intoxication</i>	How long	<i>105</i>	How long	<i>Indurated</i>
Immediate	"		"		
Are the name, age, sex, color, date and place correctly given above?		Yes.			
Signature of Physician		<i>Dr. M. E. Arthur</i>			
Address		<i>Cardiff Md</i>			
Accident or Suicide?					



Name
in
Full

Frances Regina Robison

CERTIFICATE OF DEATH

Died at ^{Town} Perryman ^{County} Harford MARYLANDDate of death 1906 ^{Month} 8 ^{Day} 20 Age ^{Years} 4 ^{Months} 4 ^{Days}

Sex Female Color or Race white Birth-place Perryman

Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
Husband

Father's Name Walter R. Robison

Father's Birthplace Harford Co

Mother's Maiden Name Anna Smith

Mother's Birthplace Baltimore

Name of person giving
Information Walter R. Robison

How related to deceased father

CAUSES OF DEATH

Primary Cholera Infantum 1052 mks How long

Immediate Convulsions 1 Week How long

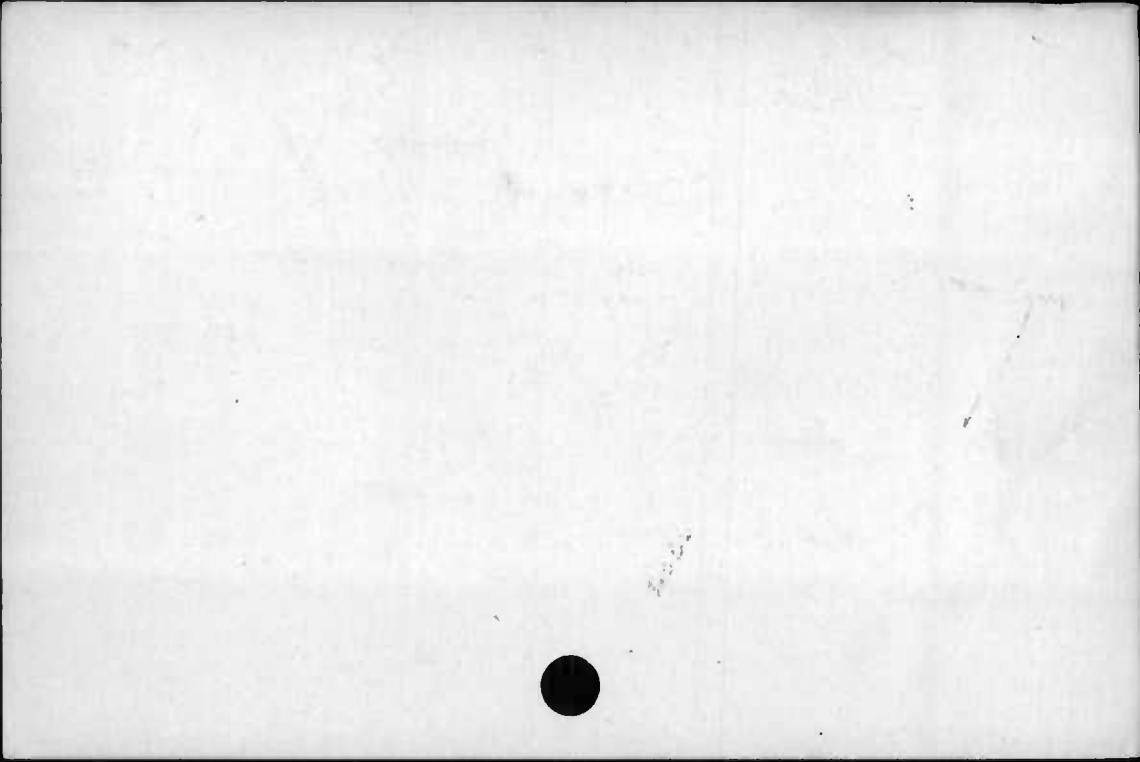
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

Perryman Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Shultz

CERTIFICATE OF DEATH

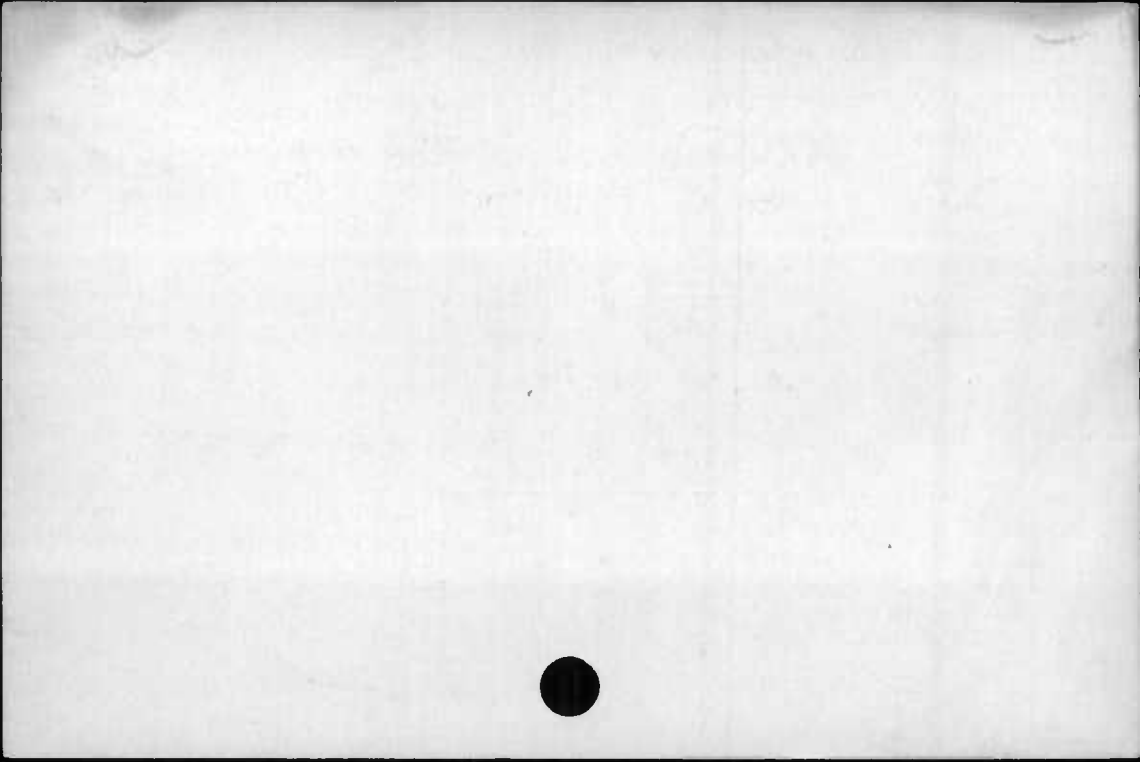
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bush Brook</i>		Town <i>Hartford</i>		County <i>Hartford</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>8</i>	Day <i>24</i>	Age <i>34</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Hartford Co</i>
Occupation				Where Residing if not at place of death <i>Hartford Co</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Albert Schultz</i>			
Father's Name	<i>Anton Conrad</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Goudgoman</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Albert Schultz</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child Birth</i>	How long	<i>1 day</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. Stien</i>	
		Address <i>Brynner</i>	
Accident or Suicide?			



Name
in
Full

Hannah Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Providence* ^{town} *Hampden* ^{County} **MARYLAND**

Date of death **1906** *May* ^{Month} *18* ^{Day} Age *84* ^{Years} *..* ^{Months} *..* ^{Days}

Sex *female* Color or Race *white* Birth-place *Hampden Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*John McFadden*Father's
Birthplace*Hampden Co*Mother's
Maiden Name*Eugene Paul Foster*Mother's
Birthplace*—*Name of person giving
information*Hugh Stokes*How related
to deceased*son*

CAUSES OF DEATH

Primary

old age

How long

(14)

Immediate

Dysentery

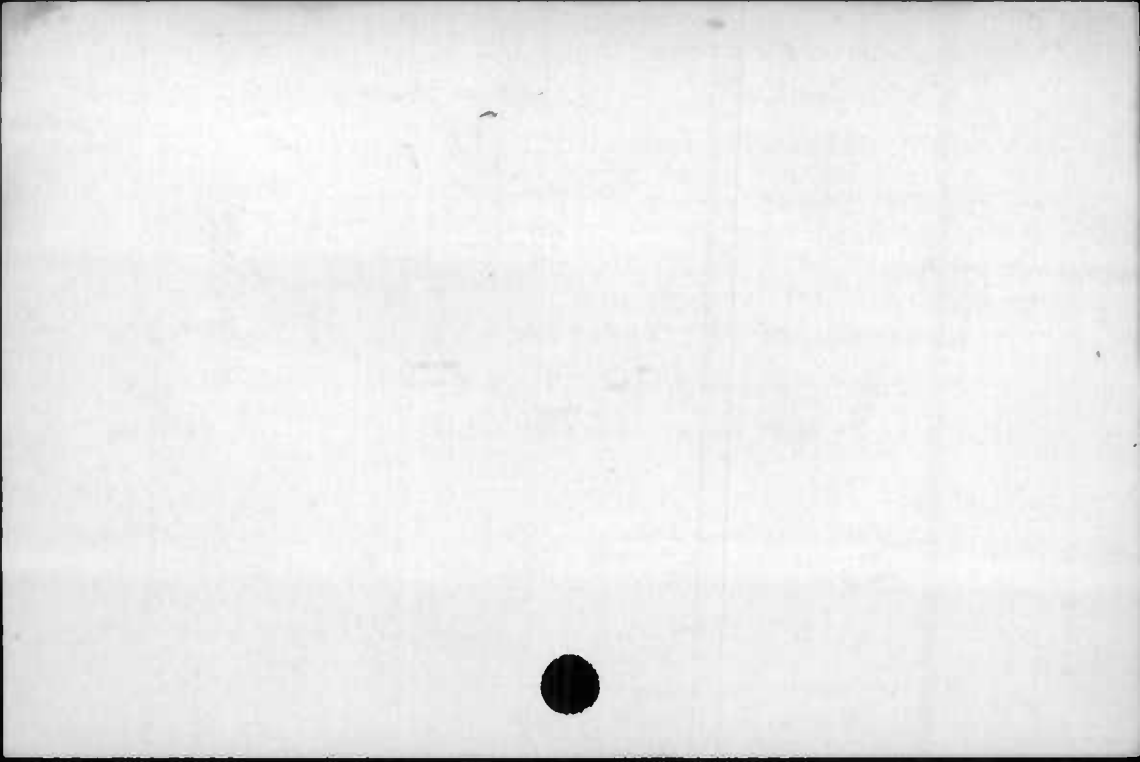
How long

*Two weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*D. W. E. Arthur*

Address

*Cardiff Md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mrs Fannie Street

CERTIFICATE OF DEATH

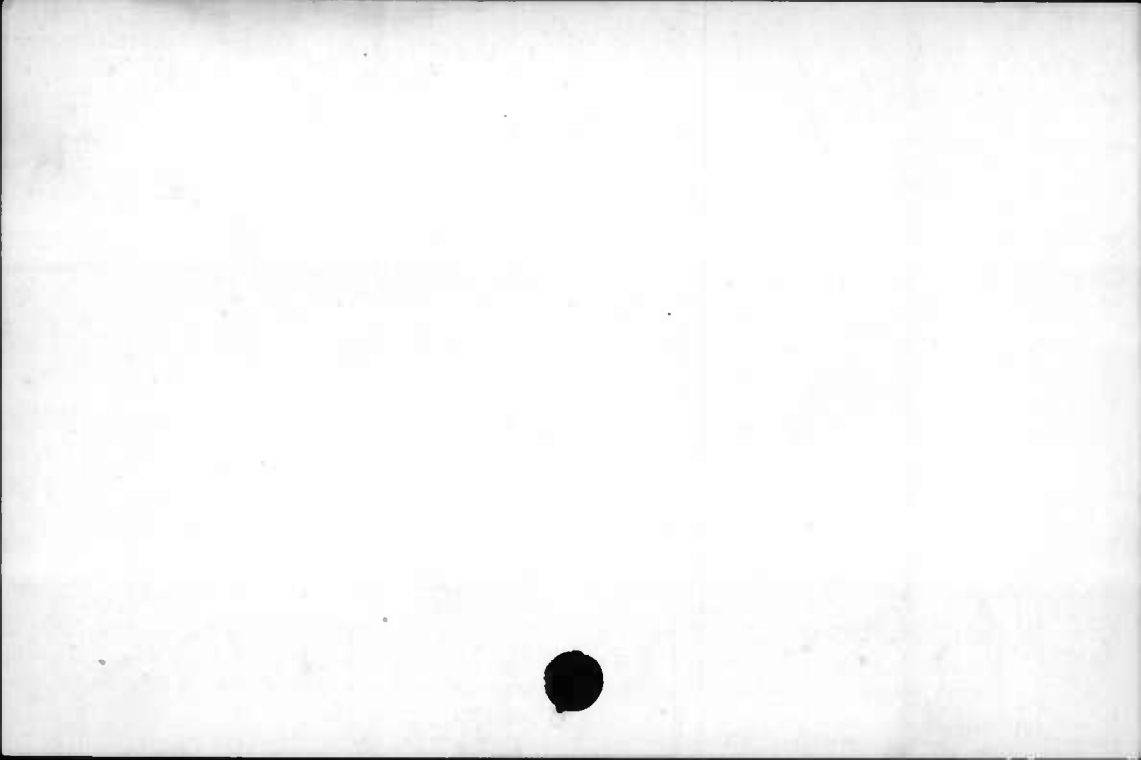
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whitehall</i> ^{Town}			<i>Harford</i> ^{County}			MARYLAND		
Date of death <i>1906</i>		<i>August</i> ^{Month}	<i>26</i> ^{Day}	Age <i>59</i> ^{Years}	<i>5</i> ^{Months}	<i>22</i> ^{Days}		
Sex <i>Female</i>			Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Wife</i>				Where Residing if not at place of death <i>Whitehall</i>				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Frank Street</i>					
Father's Name <i>Samuel H. Garrett</i>					Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name					Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Thomas Anderson</i>					How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs</i>	How long	<i>about 4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley M.D.</i>	
<i>—</i>		Address <i>Garrettville</i>	
Accident or Suicide? <i>—</i>		<i>Med</i>	



Name
in
Full

Philbert John Stroble

CERTIFICATE OF DEATH

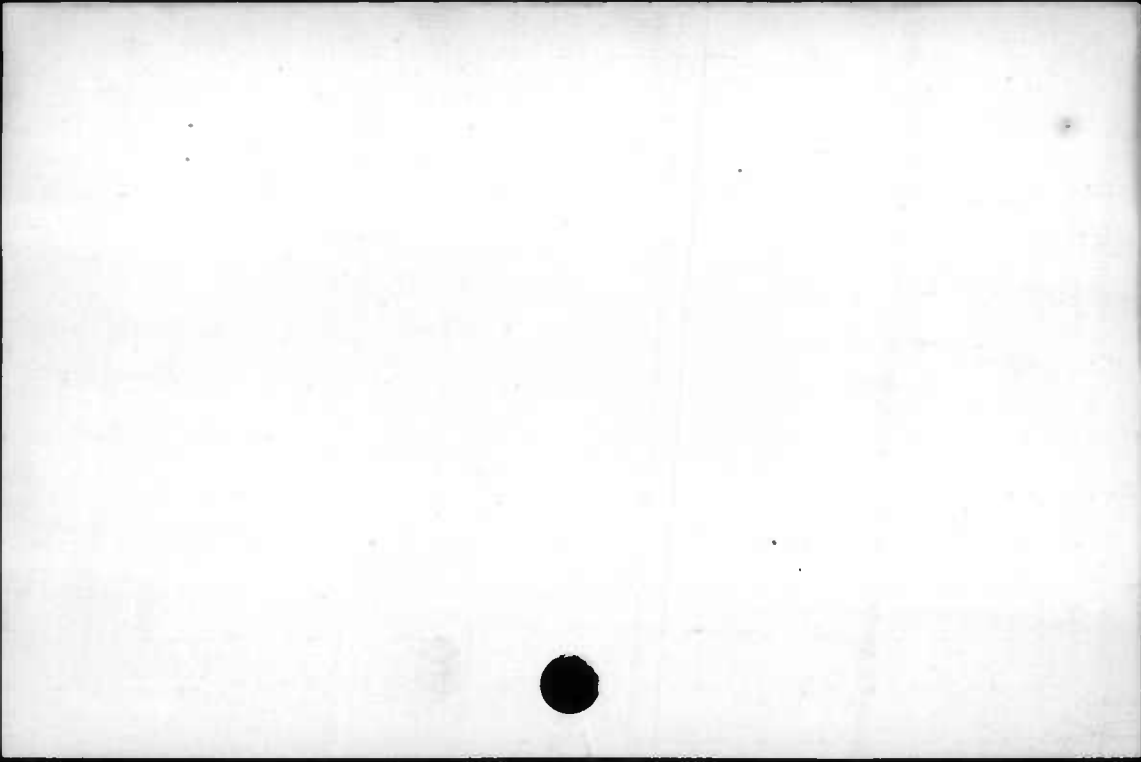
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clayton		County Harford		MARYLAND	
Date of death		1906	Month 8	Day 24	Years 22	Months —	Days 2
Sex Male		Color or Race White		Birth-place Clayton Md.			
Occupation Farmer		Where Residing if not at place of death Clayton					
Married, Single or Widowed Single		Name of Wife or Husband Not married					
Father's Name John Stroble		Father's Birthplace Balto Md					
Mother's Maiden Name Frances Creswell		Mother's Birthplace Maryland					
Name of person giving information John Stroble		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paresis	How long	3 mo
Immediate	Eccentric	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Charles Bagley M.D.
		Address	Bagley, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

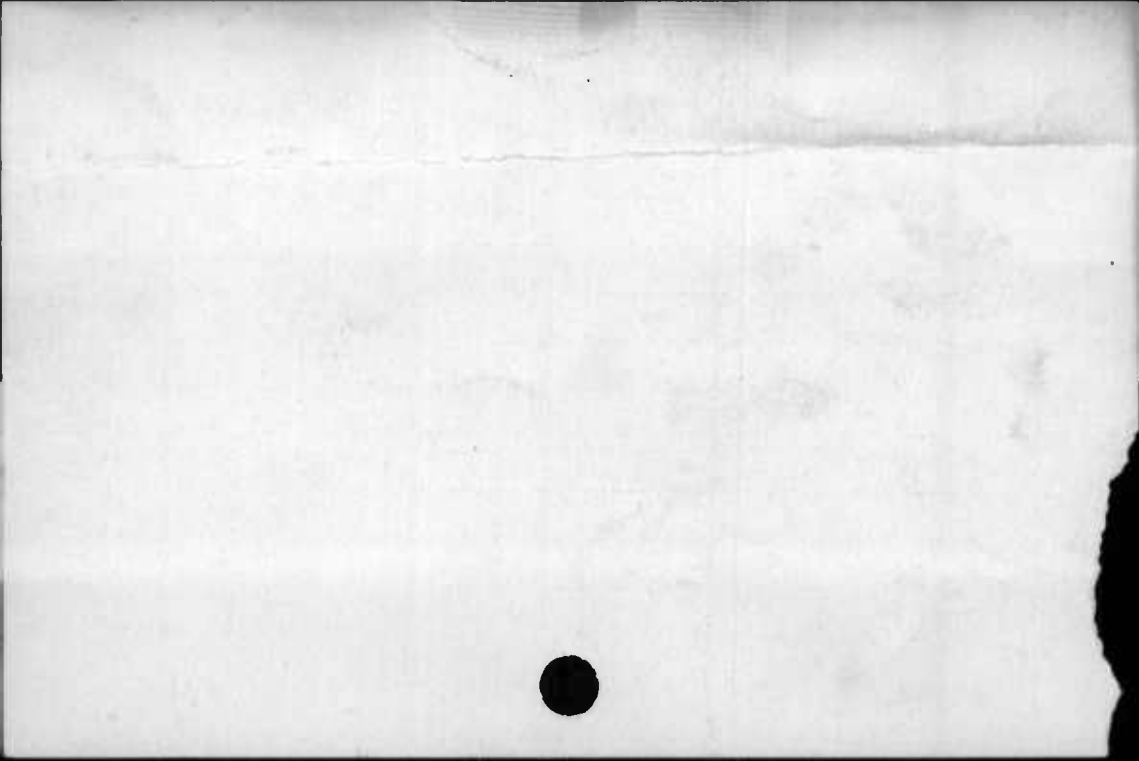
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prospert</i>		Town <i>Prospert</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	<i>May</i>	Day	<i>22</i>	Age	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Prospert</i>	Where Residing if not at place of death	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>Amos Thomas</i>					
Father's Name	<i>Amos Thomas</i>				Father's Birthplace	<i>Norfolk Island</i>	
Mother's Maiden Name	<i>Marion Griffith</i>				Mother's Birthplace	<i>S. Della Md.</i>	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastroenteritis</i>	How long	<i>105</i>	How long	<i>one week</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W.E. Arthur MD</i>			
		Address <i>Barry Md</i>			
Accident or Suicide?					



Name
in
Full

Rozella Tompson

CERTIFICATE OF DEATH

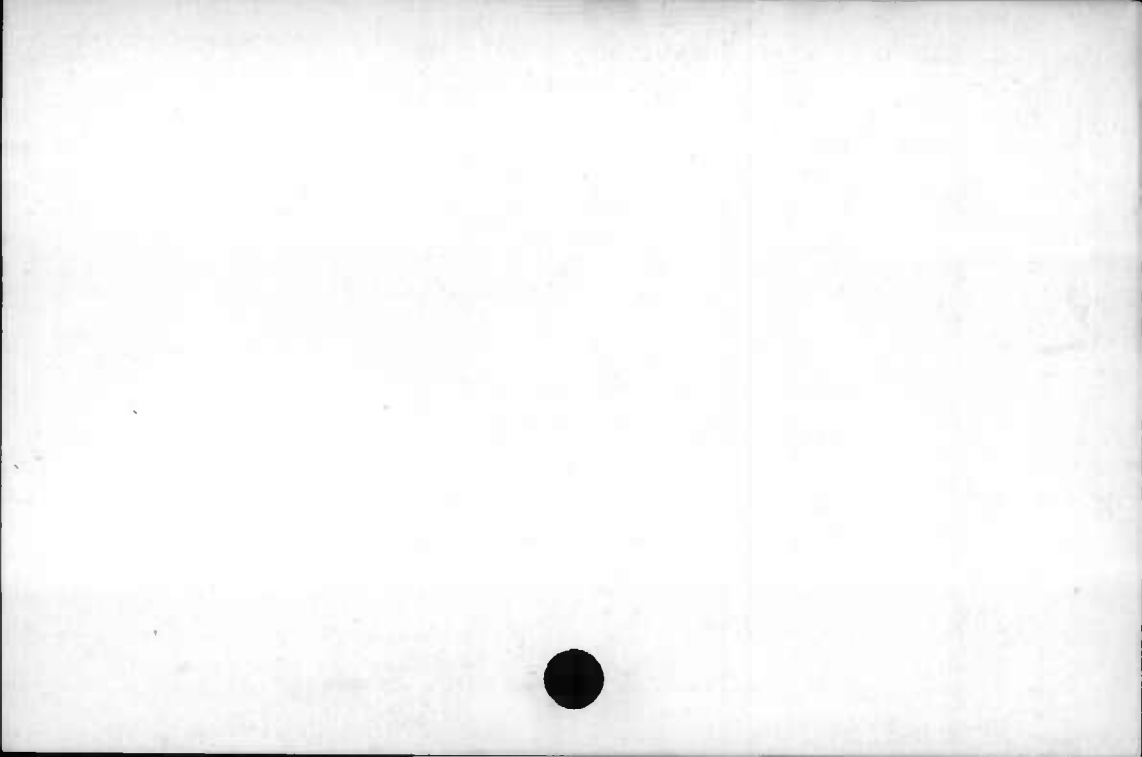
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper X Roads</i>		Town <i>Harford co</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>19</i>		Age <i>20</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harford co Md</i>			
Occupation <i>Housekeeping</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Tompson</i>					
Father's Name <i>Lehatman Brutton</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Jane Sewell</i>		Mother's Birthplace					
Name of person giving information <i>Wm H Brutton</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>Not known</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>J. S. Green</i>
	Address <i>Hittings</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cooperstown</i>			Town <i>Cooperstown</i>		County <i>Hearford Co</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>	Day <i>15th</i>	Age <i>52</i>	Years <i>52</i>	Months <i>9</i>	Days <i>5</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hearford Co</i>				
Occupation <i>merchants</i>				Where Residing if not at place of death <i>Cooperstown</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
Father's Name <i>Walter Watten</i>				Father's Birthplace <i>Hearford</i>				
Mother's Maiden Name <i>Mary Kennard</i>				Mother's Birthplace <i>Hearford</i>				
Name of person giving information <i>James Amoss</i>				How related to deceased <i>nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's disease</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>120</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Martin L Jarrett</i>	
		Address <i>Jarrettsville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i>		County <i>Hartford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>23</i>	Age <i>72</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs. A. H. Wallace</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>(14)</i>
Immediate <i>Dysentery</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. W. C. Arthur</i>
	Address <i>Cardiff MD</i>
Accident or Suicide? <i>no</i>	

Aug 25th
Slate Ridge.

Name
in
Full

Delia J. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Perryman*

Town

Harford

County

MARYLAND

Date

of death

1906 Aug

Month

23

Day

Age

Years

81

Months

6

Days

Sex

*Female*Color or
Race*Black*Birth-
place

Occupation

Where Reading if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Jim Williams*Father's
Name*Sam Garrettson*Father's
Birthplace

Mother's
Maiden Name*Susan*Mother's
Birthplace

Name of person giving
In formation*Ellen Williams*How related
to deceased*Niece*

CAUSES OF DEATH

Primary

Nephritis

How long

1 yr

Immediate

Heart failure

How long

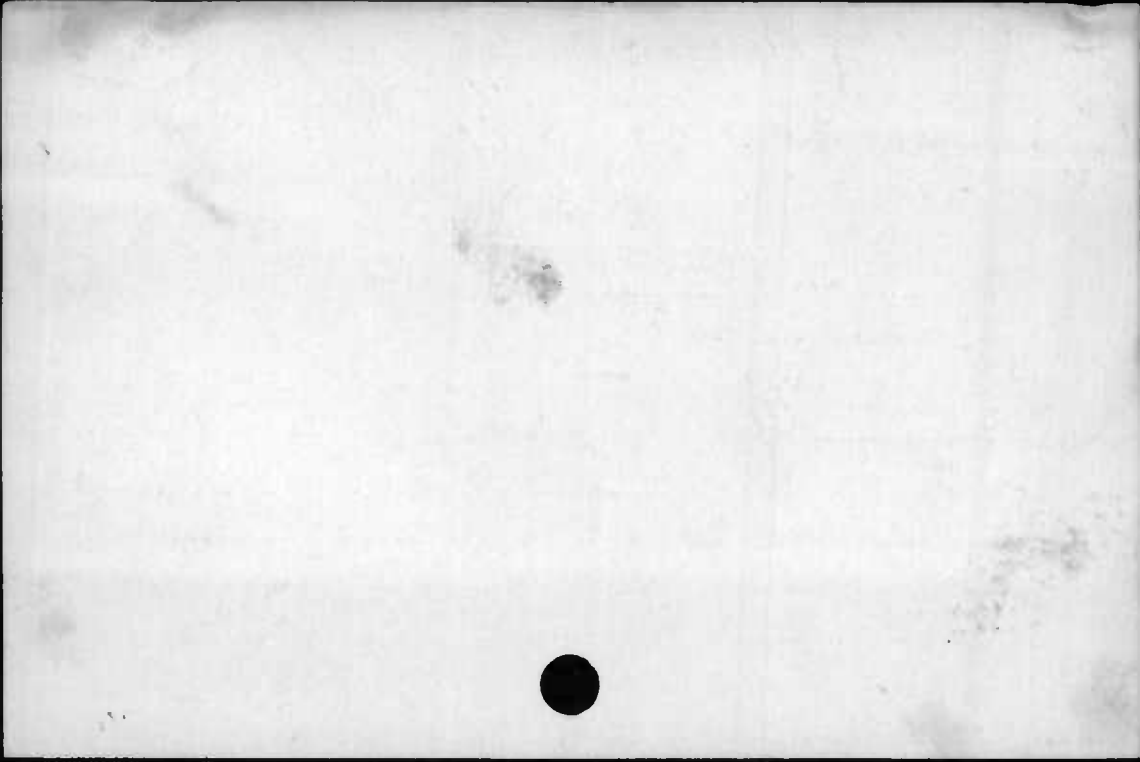
*1 yr*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. W. Oliver
Perryman*

Accident or Suicide?

*Not*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm S. Williams</i>		Town <i>Cardiff</i>		County <i>Hartford</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>8</i>		Day <i>15</i>	
Age <i>62</i>		Years <i>62</i>		Months <i>4</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Quarryman</i>		Where Residing if not at place of death					
Married, Yes or Widowed		Name of Wife or Husband <i>Margaret Williams</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Margaret Williams</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Killed by fall of stone in Quarry</i> <i>166</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>R. Danner Ramsey</i>
Accident or Suicide?	Address
<i>Accident</i>	<i>211 E. York St. Penna</i>

Aug. 18-06.

Slate Ridge

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1906	Month	8	Day	18	Age	68
Sex	Female		Color or Race	White		Birth-place	Pennsylvania
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife Husband <i>Benjamin B Wright</i>			
Father's Name	<i>Samuel Pennell</i>			Father's Birthplace <i>Native</i>			
Mother's Maiden Name	<i>Elizabeth Penn</i>			Mother's Birthplace <i>Native</i>			
Name of person giving information	<i>Mary Etta Wescott</i>			How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Duodenum</i>	How long	<i>3 mos</i>
Immediate	<i>Inflammation due to general infection</i>	How long	<i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Pennell W. Deppington</i>		
Address	<i>Bel Air Box 92</i>		
Accident or Suicide?			



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Aberdeen</i> ^{Town} <i>Ma</i> ^{County} <i>Harford County</i>		MARYLAND	
Date of death <i>1906</i>	<i>August</i> ^{Month}	<i>6th</i> ^{Day}	<i>about 40</i> ^{Years}
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>killed instantly by</i>	How long
Immediate <i>Struck by Rail road train</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James Y. Pritchard</i> Coroner
Accident or Suicide? <i>Accident</i>	Address

